

Wednesday, October 12, 2011

Bipartisan Congressional Letter to Select Committee Urges Opposition to Cancer Drug Cuts

Today, a bipartisan letter authored by Representatives Leonard Lance (R-NJ) and Bill Pascrell (D-NJ) will soon be sent to members of the Joint Select Committee on Deficit Reduction (Select Committee) to ensure that cancer patients across the nation continue to have access to community cancer care. Specifically, the letter calls on the members of the Select Committee to reject potential cuts to Medicare Part B reimbursement for drugs and biologics that fight cancer and other serious diseases. As of print time, more than 50 Republican and Democratic representatives had signed on to the letter.

In addition, a [coalition letter](#) from The US Oncology Network and other organizations representing and supporting health care providers and cancer patients was sent to the Select Committee and the leadership of both parties in the House and Senate. This letter strongly urges the Select Committee to oppose any additional cuts to Medicare payments for cancer care.

A \$3.2 billion cut to the reimbursement for Medicare Part B drugs has been discussed both in the context of the national debt ceiling negotiations and, most recently, in a memo released by the minority staff at the Ways and Means Committee. Further cuts to Medicare reimbursement for in-office drugs from ASP + 6% to ASP + 3% would put additional financial strain on community oncology practices, which provide treatment to more than 80 percent of the nation's cancer patients.

The US Oncology Network will continue to work closely with the coalition that is actively working to prevent these drastic cuts.

Despite Strong Physician Opposition, MedPAC Votes to Approve its Draft SGR Fix Recommendations

In spite of strong protest from physicians associations, on October 6, the Medicare Payment Advisory Commission (MedPAC) voted to approve its draft recommendations for replacing Medicare's sustainable growth rate formula (SGR) with 10 years of statutory fee schedule updates that would significantly cut specialists' and other providers' pay rates.

Immediately following the vote, the American Medical Association (AMA) issued a statement saying that "offsetting part of the cost of repeal through drastic cuts and long-term freezes to physicians falls far short of what is needed to preserve patients' access to care."

The American College Association (ACC) also issued a statement, saying, "Looming primary care shortages require focused solutions, we agree. But this proposal somewhat misaligns the interests of primary and specialty doctors, rather than focusing on incentives to work together to improve quality, efficiency, coordination of care, and outcomes."

The draft recommendations, approved in a 15 to 2 vote, were:

- "The Congress should repeal the sustainable growth rate and replace it with a 10-year path of statutory fee schedule updates. This path is comprised of a freeze in current payment levels for primary care and for all other services, annual payment reductions of 5.9 percent for three years, followed by a freeze. The commission is offering a list of options for the Congress to consider if it decides to offset the cost of repealing the SGR system within the Medicare program."
- "The Congress should direct the secretary [of Health and Human Services] to regularly collect data — including service volume and work time — to establish more accurate work and practice expense values. To help assess whether Medicare's fees are adequate for efficient care delivery, the data should be collected from a cohort of efficient practices rather than a sample of all practices. The initial round of data collection should be completed within three years."
- "The Congress should direct the secretary to identify overpriced fee-schedule services and reduce their RVUs accordingly. To fulfill this requirement, the secretary could use the data collected under the process in recommendation 2. These reductions should be budget neutral within the fee schedule. Starting in 2015, the Congress should specify that the RVU reductions should achieve an annual numeric goal — for each of five consecutive years — of at least 1 percent of fee-schedule spending."

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MedPAC Votes to Approve its Draft SGR Fix Recommendations (*cont'd*)

- “Under the 10-year update path specified in draft recommendation 1, the secretary should increase the shared savings opportunity for physicians and health professionals who join or lead two-sided risk ACOs. The secretary should compute spending benchmarks for these ACOs using 2011 fee-schedule rates.

[Read the AMA statement](#) regarding MedPAC’s recommendations.

Lawmakers Call for SGR Repeal

On October 6, Representative Allyson Schwartz (D-PA) and a bipartisan group of 113 other lawmakers [sent a letter](#) to the Joint Select Committee on Deficit Reduction (Select Committee) urging it to repeal the sustainable growth-rate (SGR) formula.

“For a decade, the fundamentally flawed Medicare physician payment system has created uncertainty and instability not only in the health system but in the larger economy,” said the letter. “Through this deficit reduction process, Congress has a historic opportunity to implement sound fiscal policy in the Medicare program in the context of broad economic reforms.”

The letter also pointed out that comprehensive physician payment reform is essential in order to promote “efficiency, quality and value,” in addition to ensuring access to care for all patients.

Although there is agreement from both Republicans and Democrats that SGR repeal is necessary, the letter offered no monetary offset suggestions to cover the \$300 billion price tag associated with the repeal.

The letter warned that if lawmakers fail to address the SGR, the cost of a remedy in five years could double to nearly \$600 billion. In addition, if the Select Committee does not address the problems associated with the SGR formula in its own budget discussions, lawmakers will still have to deal with the issue before they leave for recess at the end of the year. As previously reported, if no action is taken before December 31, physician reimbursement for Medicare services will be cut by a massive 29.4 percent.

USPSTF Issues Recommendation Against Regular Prostate Cancer Screenings

On October 7, the U.S. Preventative Services Task Force (USPSTF) announced its proposed recommendation that PSA blood tests for prostate cancer should no longer be performed as part of routine cancer screenings.

The effectiveness of PSA screenings has been argued for years by physicians and medical experts, and until now, the task force has been recommending that men over 75 skip these screenings. Now, they are expanding that same recommendation to men of all ages.

High levels of PSA, or prostate-specific antigen, can indicate the presence of prostate cancer, but can also indicate that there is benign enlargement of the prostate or there is an infection. Additionally, the test can detect very small tumors that are not large enough or too slow growing to be cancerous; however, there is no way to determine from the test which cases require treatment.

The USPSTF conducted its research using five major studies conducted on the subject and found inconclusive evidence to suggest that routine screening reduces deaths from prostate cancer. However, it can cause impotence, incontinence, infections, and even death.

In a statement to the media, Dr. Virginia Moyer of the Baylor College of Medicine, who heads the task force said, “We have put a huge amount of time, effort and energy into PSA screening and that time, effort and energy, that passion, should be going into finding a better test instead of using a test that doesn’t work.”

Members of the USPSTF have stressed that the recommendation only suggests that doctors should not recommend the test for healthy men. Instead, they believe that it should be used for men with prostate cancer symptoms.

The task force is expected to officially propose the recommendation in coming days, at which time it will begin accepting comments before issuing a final recommendation.



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U.S. Supreme Court Anticipated to Hear Challenges to Health Care Reform Law Soon

The U.S. Supreme Court convened the first week of October following its three month recess and is expected to soon hear challenges to the Affordable Care Act (ACA), a case which some are predicting to be one of the most historic decisions in the high court's history.

The ACA is thought by many to have been President Obama's signature and most controversial domestic achievement and promises to be a leading issue in the Presidential election next November.

Enacted in March 2010, the law aims to provide more than 30 million uninsured Americans with coverage and to slow soaring health care system costs, but has wide-reaching implications for healthcare stakeholders, including health insurers, pharmaceutical companies, medical device manufacturers, hospitals, physicians, state government health care programs and more.

Very soon after the legislation was signed into law last year, many states filed legal challenges contesting the law's constitutionality. Since last March, at least 28 individual states have become involved in 26 lawsuits related to ACA.

At the center of the legal controversy is the ACA's mandate that beginning in 2014, nearly all U.S. citizens either purchase health insurance or pay a penalty. ACA opponents have argued that the law violates the U.S. Constitution's Commerce Clause, which only allows regulation of "activity" – not the "inactivity" of failing to purchase insurance coverage. The cases have experienced varied results in lower courts.

It is anticipated that the Supreme Court could hear the challenges as soon as February or March 2012.